Department of Veterans Affairs

Capital Asset Realignment for Enhanced Services

VISN 19

Market Plans

Attention

The VISNs developed the initial CARES Market plans under direction from the National CARES Program Office (NCPO). After these were submitted by the VISN, they were utilized as the basis for the National CARES Plan. However, the CARES National Plan includes policy decisions and plans made at the National Level which differ from the detailed Network Market Plans. Therefore, some National policy decisions that are in the National Plan are not reflected in the Network Market Plans. These initial VISN Market Plans have detailed narratives and data at the VISN, Market and Facility level and are available on the National CARES Internet Site : <<http://www.va.gov/CARES/>>.

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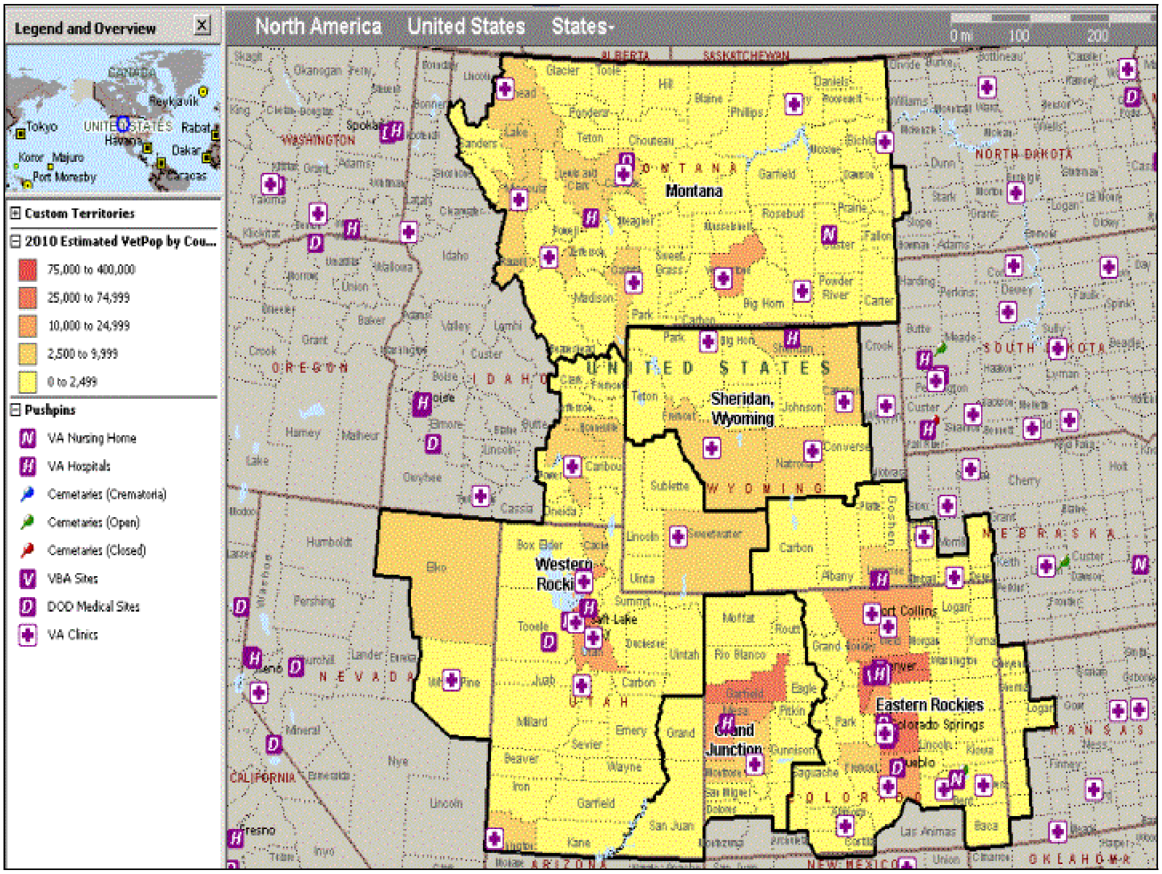
I. VISN Level Information

A. Description of the Network/Market/Facilities

1. Map of VISN Markets



2. Market Definitions

Market Designation: VISN 19 CARES is proposing 4 Markets and one sub-market as follows, including the rationales for each. Rationales for grouping counties into markets include locations of population centers in each county, travel times and access to services from population centers, geographic barriers and travel patterns, historical utilization and referral patterns, planned future expansion of services.

Market	Includes	Rationale	Shared Counties
Montana Market Code: 19C	All counties in Montana plus 1 in North Dakota	The Montana market area has a complement of a VA medical center and nine CBOCs. VA health care services include primary care, mental health, inpatient and long term care. The presence of veteran population centers located in Helena/Great Falls in the west and the Billings area in the east provide health care services that cover the large rural service area. The market in 2010 is projected to have very few urban areas with a large number of rural counties. Three interstate road systems bisect the state of Montana which provide adequate access to some areas.	Shared with V23. V19 has the lead on Powder River, Carter and Fallon, Mt
Wyoming Market Code: 19E	11 Counties in northern Wyoming	Sheridan market area provides the greatest challenge in defining a clear market service area. This service area does not have available VA tertiary services. Secondary services, primary care, mental health and specialty outpatient care are available through VA staffed services or through contracts, but often require long travel distances. VAMCs Salt Lake City and Denver serve the southwestern and southeastern areas of Wyoming. Northern Wyoming has one VA medical center and 4 CBOCs. CBOCs are dispersed appropriately across the market area. There are two interstates that run through the northeast part of the service area.	Shared county with V23. <u>V19 has the lead</u> *Campbell County, WY*
Eastern Rockies Code: 19A	44 counties in Eastern CO: and 6 counties, NE; 7 counties KS; 5 counties, WY <u>1 Sub-markets</u>: 19C-1 SE Wyoming 17 counties in WY, NE and	A border created by the Rocky Mountains to the west defines the Eastern Rockies market. A major VA tertiary medical center resides in Denver. The service area consists of 2 medical centers and 10 CBOCs. VA health care services available to veterans include tertiary care, primary care, mental health, inpatient (general medical/surg.) and long term care. The market in 2010 is projected to have one expansive urban area around Denver surrounded by a large number of rural counties. Major roads and transportation systems cross over the service area, maintaining good access for veterans.	Shared county with V23. V19 has the lead. Scotts Bluff, NE.

Market	Includes	Rationale	Shared Counties
	CO.	Southeastern Wyoming sub-market's 17 county area includes all of southeast Wyoming, west central Nebraska, and northern Colorado. These areas are linked by Interstate 80 running east and west, which connects the majority of the larger communities in this largely rural area. The Cheyenne VAMC is located in the center of this sub-market, which also includes one CBOC (Sidney, Cheyenne county, Nebraska). Wyoming veterans have a traditional and cultural link to this Cheyenne, Wyoming area as a center for their care. It is clearly an historical veteran user preference. Whereas most veterans in northern Colorado have links to the Denver community, the northern Colorado CBOCs will remain within the Eastern Rockies sub-market. Most veterans fall within the 60-mile radius for primary care and the 120-mile radius for other care, in accord with highly rural area distance standards. The Southeast Wyoming sub-market provides primary, secondary, mental health and long term care. Tertiary support comes from the Denver area, part of the Eastern Rockies Market.	
Grand Junction Market Code 19B	Western Colorado 15 counties; 2 counties, Utah	The Grand Junction market area includes western Colorado counties with the center of the veteran population residing in Grand Junction. There are vast distances between Grand Junction and other urban areas, approximately 250 miles. Distances are accentuated by the Rocky Mountain range dividing Grand Junction and Denver and the Wasatch Range separating Grand Junction and Salt Lake City. There is one major highway running east-west through the market area. A full range of health care services is available in the Grand Junction community. This market area has one VA and one CBOC, which provide primary care, mental health, inpatient care and long term care.	
Western Rockies Market Code 19D	Majority of Utah; 13 counties, Idaho; 2 counties, Nevada; 4 counties, WY	The Grand Junction market defines the eastern border of the Western Rockies market area. The Western Rockies market encompasses most of the state of Utah. A major VA tertiary medical center resides in Salt Lake City. The market area includes one medical center offering primary care, mental health and inpatient (med/surg) services and 8 primary care CBOCs. The market in 2010 is projected to have a majority of its population located in Salt Lake City with a large number of rural and highly rural counties. Southern areas of Utah will remain extremely	

Market	Includes	Rationale	Shared Counties
		remote. Major road systems around Salt Lake City as well as a north-south road system provide good access, but driving distances for southern Utah are vast.	

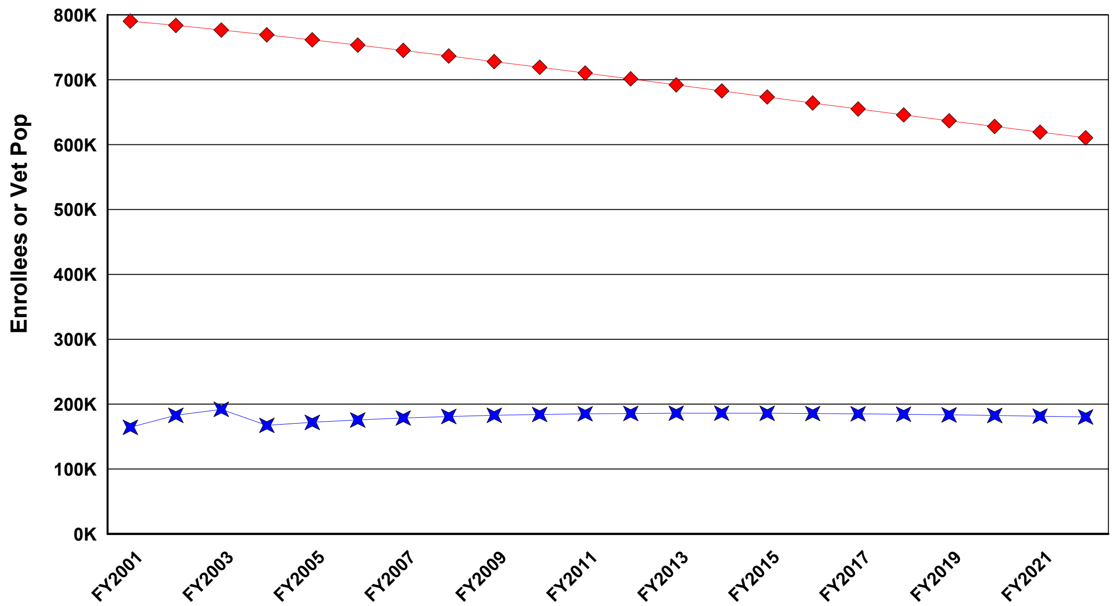
3. Facility List

VISN : 19				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Cheyenne				
442 Cheyenne	✔	✔	-	-
442GB Sidney	✔	-	-	-
442GC Fort Collins (LaPorte)	✔	-	-	-
442GD Greeley	✔	-	-	-
Denver				
554 Eastern Colorado HCS	✔	✔	✔	-
554GB Aurora	✔	-	-	-
554GC Lakewood	✔	-	-	-
554GD Pueblo	✔	-	-	-
554GE Colorado Springs	✔	-	-	-
554GF Alamosa	✔	-	-	-
554GG La Junta	✔	-	-	-
554GH Lamar CO	✔	-	-	-
Fort Harrison				
436 Montana HCS	✔	✔	-	-
436GA Anaconda	✔	-	-	-
436GB Great Falls	✔	-	-	-
436GC Missoula	✔	-	-	-
436GD Bozeman	✔	-	-	-
436GF Kalispell	✔	-	-	-
436GH Billings	✔	-	-	-
436GI Glasgow	✔	-	-	-
436GJ Miles City	✔	-	-	-
436GK Northeast MT (Sidney)	✔	-	-	-
Grand Junction				
575 Grand Junction	✔	✔	-	-
575GA Montrose	✔	-	-	-

Salt Lake City				
660 Salt Lake City HCS	✓	✓	✓	-
660GA Pocatello	✓	-	-	-
660GB Ogden	✓	-	-	-
660GC Ely	✓	-	-	-
660GD Roosevelt	✓	-	-	-
660GE Orem	✓	-	-	-
660GF Green River	✓	-	-	-
660GG St. George	✓	-	-	-
660GI01 Nephi	✓	-	-	-
660GI02 Nephi (Fountain Green)	✓	-	-	-
Sheridan				
666 Sheridan	✓	✓	-	-
666GB Casper	✓	-	-	-
666GC Riverton	✓	-	-	-
666GD Powell	✓	-	-	-
666GE Gillette (Campbell Co.)	✓	-	-	-

4. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



5. Planning Initiatives and Collaborative Opportunities

a. Effective Use of Resources

Effective Use of Resources		
PI?	**Issue**	**Rationale/Comments Re: PI**
Y	Small Facility Planning Initiative	In 2002 Ft. Harrison's staffed Psychiatry beds are 5 and surgery beds are 7. Overall 2022 bed levels for surgery and psychiatry beds should be evaluated for cost efficiency and quality. In addition, ICU beds need to be reviewed.
Y	Small Facility Planning Initiative	Grand Junction's present Acute bed levels fall below the 40 bed criteria. In 2002 staffed Medicine beds are 8 and surgery beds are 3. Overall 2022 bed levels for medicine, surgery and psychiatry beds are significantly below the 40 bed criteria. Review should include ICU bed section.
Y	Small Facility Planning Initiative	Cheyenne's present Acute bed levels fall below the 40 bed criteria. In 2002 staffed Medicine beds are 8 and surgery beds are 2. Projected 2022 beds do not increase significantly. In addition ICU bed levels need to be evaluated for quality.
Y	Small Facility (Bed Section) Planning Initiative	In 2002 staffed Psychiatry beds are 5 and surgery beds are 7. Overall 2022 bed levels for surgery and psychiatry beds should be evaluated for cost efficiency and quality. In addition, ICU beds need to be reviewed.
N	Proximity 60 Mile Acute	No facility fell within the proximity gap
N	Proximity 120 Mile Tertiary	No facility fell within the proximity gap
Y	Vacant Space	All VISNs will need to explore options and develop plans to reduce vacant space by 10% in 2004 and 30% by 2005.

b. Special Disabilities

Special Disabilities Programs		
PI?	**Special Disabilities Program**	**Rationale/Comments**
	None.	

c. Collaborative Opportunities

Collaborative Opportunities for use during development of Market Plans		
CO?	**Collaborative Opportunities**	**Rationale/Comments**
Y	Enhanced Use	Private Lease Building (Salt Lake) VAMC Denver (if Denver relocates)
N	VBA	None
Y	NCA	Cheyenne
Y	DOD	F.E. Warren AFB - Cheyenne: VAMC allows use of facilities for minor number of services. Additional services could be provided.
		U.S. Air Force Academy - Eastern Colorado Market: Services available at Denver may be of use to Academy.
		Ft Carson - Eastern Colorado Market: Can provide specialty care to veterans in Colorado Springs area on contract with VA.
		Hill AFB - Western Rockies Market: Salt Lake City HCS can provide all medical needs for base through contract.
		Malstrom AFB - Montana: Some potential exists for service contracts with VA Montana.

d. Other Issues

Other Gaps/Issues Not Addressed By CARES Data Analysis		
PI?	**Other Issues**	**Rationale/Comments**
Y	Denver and Ft. Harrison need to re-evaluate the overall space scores	Scores appear to be inaccurate and need to be re-evaluated in view of apparent space/construction needs.
Y	Denver needs to re-evaluate the need for a free standing facility.	Indications for growth in nearly all inpatient and outpatient areas suggest re-evaluation of free standing structure options.
Y	Ft Harrison needs to address seismic issues in the outpatient & inpatient buildings.	High risk seismic local at Helena, Montana requires completion of projects for main facility buildings.
Y	VISN 19 needs to develop balanced access across the network for VA Nursing Home Care Beds. (The Western Rockies Market currently has no VA NHC beds)	Scores appear to be inaccurate and need to be re-evaluated in view of apparent space/construction needs.

PI?	Other Issues	Rationale/Comments
Y	VISN 19 needs to develop balanced access across the network for psychiatry beds in 2012/2022.	Lack of psychiatry beds in larger population centers requires reassessment of distribution of projected psychiatry beds throughout the Network.
Y	VISN 19 needs to evaluate domiciliary demand workload across the network as well as coordinate domiciliary workload with V23 and V20.	Projected domiciliary bed need requires distribution plan for the Network.
Y	VISN 19 needs to address lead paint concerns.	Identified lead paint problems require solutions at designated sites.

e. Market Capacity Planning Initiatives

Eastern Rockies Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	176,171		89,272	**51%**	62,187	**35%**
	Treating Facility Based **	175,572		76,304	**43%**	49,440	**28%**
Specialty Care	Population Based *	143,986		137,246	**95%**	124,837	**87%**
	Treating Facility Based **	143,768		124,832	**87%**	112,075	**78%**
Medicine	Population Based *	20,421		10,035	**49%**	6,212	**30%**
	Treating Facility Based **	21,640		9,969	**46%**	5,741	**27%**

Grand Junction Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Specialty Care	Population Based *	23,666		9,584	**40%**	4,382	**19%**
	Treating Facility Based **	23,882		11,309	**47%**	6,223	**26%**

Montana Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Specialty Care	Population Based *	41,897		53,636	**128%**	42,698	**102%**
	Treating Facility Based **	61,242		22,379	**37%**	9,807	**16%**
Mental Health	Population Based *	24,011		19,245	**80%**	14,068	**59%**
	Treating Facility Based **	25,258		14,882	**59%**	6,021	**24%**

Western Rockies Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Specialty Care	Population Based *	85,798		54,722	**64%**	41,701	**49%**
	Treating Facility Based **	87,671		62,868	**72%**	49,068	**56%**

Wyoming Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Specialty Care	Population Based *	18,971		9,454	**50%**	5,981	**32%**
	Treating Facility Based **	14,620		12,121	**83%**	8,839	**60%**

* – Population Based: Sum of the workload demand based on where the enrollee lives. Sum of the workload projections for the enrollees living in the counties geographically located in the Market. This is not necessarily where they go for care.

** – Treating Facility Based: Sum of the workload demand based on where the enrollee goes for care. Sum of the facility data for the facilities geographically located in the Market. (Due to the traffic or ever referral patterns, the population based and treating facility projections will not match at the market level, although nationally they will be equal)

*** – Modeled data is the Consultants projection based on what the workload **would have been if adjusted for community standards**.

6. Stakeholder Information

Summary narrative on key stakeholder issues by Market, and how the comments/concerns were incorporated in the Market Plan.

Stakeholder Narrative:

Eastern Rockies Market---this market incorporates the service areas of the Eastern Colorado HCS covering all of Colorado excepting the western third of the state. Southeastern Wyoming, as part of the Cheyenne VAMC service area is also part of the market. Key stakeholder issues for each of these two areas are very different. With respect to Colorado, the central stakeholder issue is the opportunity for a new hospital on the site of the old Fitzsimons army base. This would bring the advantages of new facilities in place of old outdated, crowded buildings, generally in poor repair. It would unite the Eastern Colorado HCS with the University Medical School and hospital services at the same site, as the University is now moving to this site. All Colorado stakeholder issues are a part of this activity,e.g. access to all tertiary services, state of the art facilities, access to all services in one location (hospital, nursing home (both state and VA) and special treatment programs like SCI, cardiology and eye centers, a Native American center and others, and easy to access location. The network's response is to prepare a plan that provides for a new hospital on site incorporating these services and providing them as efficiently as possible to include Department of Defense elements in the Denver metro area. The key issues for the Southeastern Wyoming market are concern over closure of hospital services and sufficient support to rural health care, particularly need for a CBOC in the Afton, WY area. The network has incorporated concerns by conducting an information campaign to reinforce the notion of enhanced services through capital asset assessment and by conducting the small facility review which indicated both high quality and high efficiency in the current provision of inpatient care. Support for rural care has been reaffirmed through plans for two new CBOCs and the networks preparation of a paper on rural care indicating concerns with some VACO planning criteria.

Grand Junction---the key issues are closure of hospital services or reduction of services to veterans. The network has responded by conducting an information campaign to reinforce the notion of enhanced services through capital asset assessment and by conducting the small facility review which indicated both high quality and high efficiency in the current provision of inpatient care.

Montana Market---the key issues are closure of hospital services and sufficient support for rural health. The network has incorporated concerns in the process by conducting an information campaign to reinforce the notion of enhanced services through capital asset assessment and by conducting the small facility review which indicated both high quality and high efficiency in the current provision of inpatient care. Support for rural health care has been reaffirmed through plans for two new

CBOCs and the network's preparation of a paper on rural health care indicating concerns with some VACO planning criteria.

Western Rockies Market---the key issues are sufficient support for specialized services and primary care support in key rural areas. The network has incorporated concerns in the process by conducting an information campaign to reinforce the notion of enhanced services through capital asset assessment and by planning for two new CBOCs in rural areas in Afton, Wyoming and Elko, Nevada.

Wyoming Market---the key issue is access to primary and hospital services in Wyoming. The network has incorporated concerns in the process by conducting an information campaign to reinforce the notion of enhanced services through capital asset assessment and by bolstering both primary care access and hospital access in CARES plans. Primary care access will be improved through a new CBOC that borders counties in the Wyoming market and through planned increases in purchasing hospital services in strategic sites in Wyoming to serve veterans closer to their homes.

7. Collaboration with Other VISNs

Summary narrative of collaborations with neighboring VISNs, and result of collaborations. Include overview of Proximity issues across VISNs.

Collaboration with Other VISNs Narrative:

Network 19 has conducted conversations with representatives of Networks 15, 18, 20, 21, 22 and 23 to determine if there are issues which required further discussion and meetings. These are all the networks which share bondaries with network 19. Boundary lines were discussed. Counties, where service to veterans was split were also reviewed to determine if adjustments were necessary. No boundary line or county jurisdiction changes were indicated with any network. Discussions with Network 21 helped lead to our decision to plan for a CBOC in Elko, County, Nevada. Elko county is already part of Network 19's service area. This CBOC would provide primary care for just Elko county. Discussions with Network 23 indicated their desire to place two new CBOCs near borders with us, which would draw some patients located in counties belonging to our network. These CBOCs are located in Dickinson and Williston, North Dakota. Our network supports the placement of these two CBOCs to improve service to veterans in the general area. No proximity issues are present in our network related to other networks due to the great distances between facilities.

B. Resolution of VISN Level Planning Initiatives

1. **Proximity Planning Initiatives (if appropriate)**

   A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

   Proximity Narrative:

   No Impact

2. **Special Disability Planning Initiative (if appropriate)**

   A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

   Your analysis should include the following:

   1. Describe the impact that the planning initiative will have on the mandated funding levels for special disability programs:

      - SCI
      - Blind Rehab
      - SMI
      - TBI
      - Substance Abuse
      - Homeless
      - PTSD

   2. Discuss how the planning initiative may affect, complement or enhance special disability services.

   3. Describe any potential stakeholder issues revolving around special disabilities related to the planning initiative.

   Special Disability Narrative:

   Spinal Cord Injury/Disease - The network proposes establishing a 30 bed SCI unit in Denver as part of the new hospital construction plan for the Fitzsimons site. This is a new program for the network. Manadated funding levels do not apply. This plan supports long range plans for the establishment of an SCI unit in Denver going back many years. Prior to CARES, the network was working in conjunction with the VACO SCI service to size a unit in Denver as part of the Fitzsimons project. Discussions with Margaret Hammond led to a projection of 28 beds. Our plan is to yse the 30 bed ynit for acute patients and to utilizea portion of VA nHCU beds for long term care.

Stakeholder support for this initiative is firm.

Blind Rehab - CARES projects demand of 9 beds currently, increasing to 13 beds by FY 2012 and 14 by FY 2002. VISN 19 maintains two VISTA programs (Denver and Montana)and a BROS program at Salt Lake City. The network will undertake a study this year to determine how best to provide for blinded veterans within the network utilizing existing revenues and projected demand.

C. VISN Identified Planning Initiatives

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria. (See Chapter 5 Attachment 3 guidebook and Market Plan handbook.)

Your analysis should include the following:

1. List all of the VISN PIs and provide a short summary. Post the entire summary documentation on the portal.

VISN Planning Initiatives Narrative:

VAMC Denver and the Montana HCS need to re-evaluate space scores---The Denver VAMC re-evaluated all space scores for functionality including layout, adjacency, code infractions and privacy and have maintained the scores originally set. Much of the hospital has layout and adjacency issues. Additional discoveries since the assessment also indicate some extensive mold contamination in some areas. This has required some referral of immunocompromised patients to private sector hospitals at considerable expense to VA. VA Montana has re-evaluated some scores for various services, specifically primary, specialty and urgent care areas. The scores were downgraded based on recommendations from the national CARES planning review document issued February 2003. Those scores have been updated in the space and functional database.

VAMC Denver needs to evaluate the need for a free-standing facility--This process is underway in the Eastern Rockies Market assessment of two options for the future of the Denver VAMC. One of two options explores the feasibility of a free standing VA facility, a Federal facility adjacent to the University of Colorado Hospital on the Fitzsimons campus. Detail regarding this assessment can be found in the PI section, under the Eastern Rockies Market.

Seismic issues at the outpatient and inpatient buildings at the Ft Harrison (Montana HCS) site need to be addressed---The Phase I and II seismic survey conducted by a VACO contractor, Degenkolb Engineering, determined several buidlings at Ft Harrison were not in compliance with new standards. The focus was made on high risk buildings where there was active patient treatment. This included buildings 154A, an ambulatory care clinic and 154, a 4 story hospital building. Contruction projects have been developed to address both buildings. Construction on B154A begins in the spring of 2003.

VISN 19 balanced access for nursing home care and psychiatry beds---due to the lack of projection data in both long term care and psychiatry, work on these initiatives will be postponed until next year.

V19 needs to address lead paint issues---

D. VISN Level Data Summary of Post Market Plan (Workload, Space, & Costs)

1. Inpatient Summary

a. Workload

	BDOC Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
INPATIENT CARE	Baseline FY 2001 BDOC	FY 2012 BDOC	FY 2022 BDOC	In House BDOC	Other BDOC	In House BDOC	Other BDOC	Net Present Value
Medicine	51,550	66,264	55,254	62,407	7,610	55,095	3,912	$ (94,971,509)
Surgery	28,029	24,953	20,973	24,799	3,987	22,644	2,161	$ (155,432,776)
Psychiatry	42,532	42,884	36,341	34,863	8,389	32,015	4,694	$ 16,959,157
PRRTP	6,818	6,818	6,818	6,818	-	6,818	-	$ -
NHCU/Intermediate	343,933	343,933	343,933	132,024	211,909	132,024	211,909	$ (5,198,478)
Domiciliary	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	$ (5,955,553)
Blind Rehab	-	-	-	-	-	-	-	$ -
Total	**472,862**	**484,851**	**463,319**	**260,911**	**231,895**	**248,596**	**222,676**	**$ (244,599,159)**

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
INPATIENT CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Medicine	93,457	138,947	115,616	134,529	118,196	$ (94,971,509)
Surgery	56,195	42,604	35,866	43,406	39,764	$ (155,432,776)
Psychiatry	63,292	73,996	62,558	63,243	57,404	$ 16,959,157
PRRTP	3,369	3,369	3,369	3,369	3,369	$ -
NHCU/Intermediate	105,891	110,151	110,151	119,127	119,127	$ (5,198,478)
Domiciliary	16,994	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	33,500	33,500	$ (5,955,553)
Blind Rehab	-	-	-	-	-	$ -
Total	**339,198**	**369,068**	**327,561**	**397,174**	**371,360**	**$ (244,599,159)**

2. Outpatient Summary

a. Workload

	Clinic Stop Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
Outpatient CARE	Baseline FY 2001 Stops	FY 2012 Stops	FY 2022 Stops	In House Stops	Other Stops	In House Stops	Other Stops	Net Present Value
Primary Care	458,435	508,516	442,283	516,839	50,281	473,284	27,602	$ (161,188,080)
Specialty Care	307,810	575,021	529,253	495,698	95,826	473,225	72,531	$ (134,241,507)
Mental Health	221,639	274,998	245,819	215,637	59,364	211,873	33,948	$ (3,442,451)
Ancillary& Diagnostic	481,349	676,198	652,596	628,967	118,836	620,324	103,877	$ (165,319,325)
Total	**1,469,233**	**2,034,733**	**1,869,951**	**1,857,141**	**324,307**	**1,778,706**	**237,958**	**$ (464,191,363)**

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
Outpatient CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Primary Care	183,174	266,382	232,021	291,653	267,504	$ (161,188,080)
Specialty Care	230,120	711,380	655,124	689,282	656,010	$ (134,241,507)
Mental Health	87,893	142,611	127,452	123,422	121,228	$ (3,442,451)
Ancillary& Diagnostic	220,182	447,705	432,457	469,425	462,904	$ (165,319,325)
Total	**721,369**	**1,568,078**	**1,447,053**	**1,573,782**	**1,507,646**	**$ (464,191,363)**

3. Non-Clinical Summary

	Space Projections (from demand)			Post CARES (from solution)		
NON-CLINICAL	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Research	169,264	169,264	169,264	179,965	179,965	$ (28,379,258)
Admin	830,063	1,533,711	1,398,012	972,451	972,451	$ (35,942,451)
Outleased	218,995	218,995	218,995	180,255	180,255	N/A
Other	354,157	354,157	354,157	328,172	328,172	$ (8,608,834)
Vacant Space	119,357	-	-	597,479	649,319	$ 166,339,014
Total	**1,691,836**	**2,276,127**	**2,140,428**	**2,258,322**	**2,310,162**	**$ 93,408,471**

II. Market Level Information

A. Eastern Rockies Market

1. Description of Market

a. Market Definition

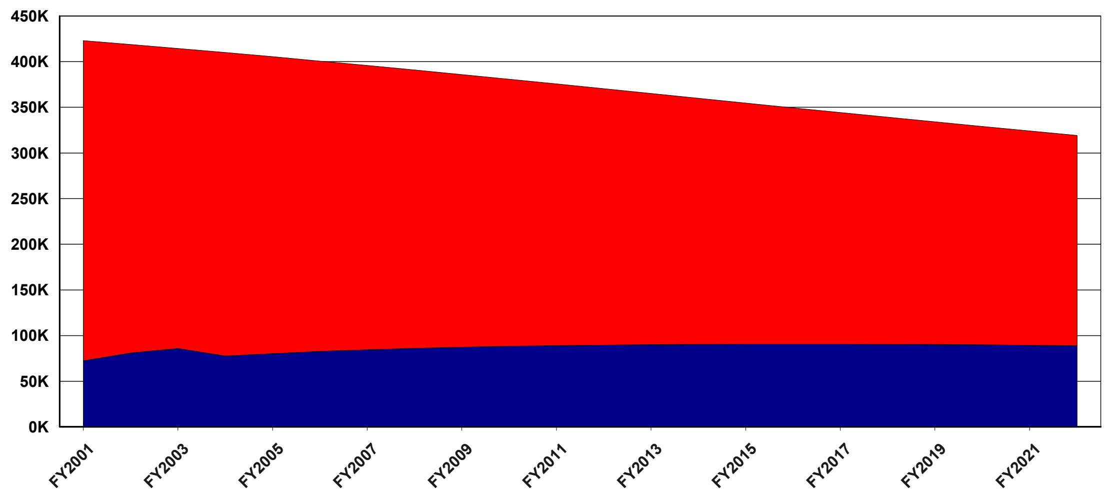
Market	Includes	Rationale	Shared Counties
Eastern Rockies Code: 19A	44 counties in Eastern CO: and 6 counties, NE; 7 counties KS; 5 counties, WY 1 Sub-markets: 19C-1 SE Wyoming 17 counties in WY, NE and CO.	A border created by the Rocky Mountains to the west defines the Eastern Rockies market. A major VA tertiary medical center resides in Denver. The service area consists of 2 medical centers and 10 CBOCs. VA health care services available to veterans include tertiary care, primary care, mental health, inpatient (general medical/surg.) and long term care. The market in 2010 is projected to have one expansive urban area around Denver surrounded by a large number of rural counties. Major roads and transportation systems cross over the service area, maintaining good access for veterans. Southeastern Wyoming sub-market's 17 county area includes all of southeast Wyoming, west central Nebraska, and northern Colorado. These areas are linked by Interstate 80 running east and west, which connects the majority of the larger communities in this largely rural area. The Cheyenne VAMC is located in the center of this sub-market, which also includes one CBOC (Sidney, Cheyenne county, Nebraska). Wyoming veterans have a traditional and cultural link to this Cheyenne, Wyoming area as a center for their care. It is clearly an historical veteran user preference. Whereas most veterans in northern Colorado have links to the Denver community, the northern Colorado CBOCs will remain within the Eastern Rockies sub-market. Most veterans fall within the 60-mile radius for primary care and the 120-mile radius for other care, in accord with highly rural area distance standards. The Southeast Wyoming sub-market provides primary, secondary, mental health and long term care. Tertiary support comes from the Denver area, part of the Eastern Rockies Market.	Shared county with V23. V19 has the lead. Scotts Bluff, NE.

b. Facility List

VISN : 19				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Cheyenne				
442 Cheyenne	✓	✓	-	-
442GB Sidney	✓	-	-	-
442GC Fort Collins (LaPorte)	✓	-	-	-
442GD Greeley	✓	-	-	-
Denver				
554 Eastern Colorado HCS	✓	✓	✓	-
554GB Aurora	✓	-	-	-
554GC Lakewood	✓	-	-	-
554GD Pueblo	✓	-	-	-
554GE Colorado Springs	✓	-	-	-
554GF Alamosa	✓	-	-	-
554GG La Junta	✓	-	-	-
554GH Lamar CO	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** -----**Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Eastern Rockies Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
N	Access to Primary Care	Access				
Y	Access to Hospital Care	Access				
N	Access to Tertiary Care	Access				
Y	Outpatient Primary Care	Population Based	89,272	51%	62,187	35%
		Treating Facility Based	76,304	43%	49,441	28%
Y	Outpatient Specialty Care	Population Based	137,245	95%	124,836	87%
		Treating Facility Based	124,832	87%	112,073	78%
N	Outpatient Mental Health	Population Based	35,166	28%	8,429	7%
		Treating Facility Based	31,821	27%	8,317	7%
Y	Inpatient Medicine	Population Based	32	49%	20	30%
		Treating Facility Based	32	46%	19	27%
N	Inpatient Surgery	Population Based	3	11%	-1	-3%
		Treating Facility Based	2	6%	-3	-8%
N	Inpatient Psychiatry	Population Based	-4	-5%	-14	-18%
		Treating Facility Based	0	0%	-10	-17%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Eastern Rockies Market: Two distinct sub markets need to be addressed separately. First, for the Eastern Colorado HCS sub market, stakeholder groups representing each stakeholder segment (veteran service organizations, unions, Congressional and University affiliates) attended CARES Steering Committee meetings and provided input to plan development. Key input from providers included: the interest of the Department of Defense in ways to obtain care from VA if a new facility was built at Fitzsimons and for integrating care in central Colorado involving Ft Carson, Colorado and the VA clinics in the vicinity; interest from the University in integrating care at Fitzsimons and the overwhelming support of veterans service organizations and Congressional affiliates for this concept. All specific issues related to this concept were discussed in CARES committee meetings held from June 2002 through March 2003. Little additional input came from the widespread mailings that were done through this same time period. All comments received were positive in support of the Fitzsimons project.

The Southeastern Wyoming sub market worked through a CARES Committee involving representatives from each stakeholder segment (veteran service organizations, unions, Congressional and University affiliates). Key input from these stakeholders centered on maintaining or increasing services to veterans, increasing care to rural veterans, maintaining an inpatient treatment site in Cheyenne and concerns with some VACO planning criteria. These stakeholder priorities were incorporated into the market plan. Expansion of primary and secondary care, increased primary care in new rural areas, maintenance of inpatient services in Cheyenne and development of a paper by the network recommending changes to VACO planning criteria was the outcome of discussions. Concerns persist regarding care to the Afton, Wyoming area. The network decided to use the Salt Lake City HCS to manage that clinic. The network recognizes the receipt of letters from veteran's service organizations from the eastern Wyoming area requesting that the clinic be managed by the Sheridan VAMC. However, the network disagrees with Sheridan's oversight principally because the Afton area resides within the Western Rockies Market (Salt Lake City HCS) area currently and approximately 75% of the patients served in the Afton area are treated by the Salt Lake City HCS. The Sheridan VAMC is much further from Afton than Salt Lake City necessitating much longer travel for any needed inpatient care. Continuity of care is also maintained as the Salt Lake City HCS now cares for all veterans from Afton that need tertiary inpatient care.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

Eastern Rockies Market Plan: communications with other networks indicate no shared markets. Minimal numbers of veterans in bordering counties will be given care at other network sites and vice versa, but no significant numbers are involved requiring discussions or agreements.

Each sub market will be considered. First, the Eastern Colorado HCS: Strengths—provision of state of the art facilities, increased access for veterans to all available services, improved access to grounds and site. Weaknesses—cost, inconvenience during construction. Opportunities—opportunity to improve operational and functional efficiencies, greater integration with DOD and the University of Colorado. Obstacles—high cost, coordination of multiple organizations and competing projects at the national level. The Southeastern Wyoming sub market: Strengths—increases primary care for veterans in rural areas, provides for increases in specialty and primary care, expands home and telemedicine care. Weaknesses—encompasses a large, extremely rural area with scattered population. Opportunities—can develop a new rural care model for inpatient/outpatient care, establish a complete rural care telemedicine network. Obstacles—sufficient funding for rural care activity.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

This market would increase access in Pueblo and Colorado Springs by providing appropriate acute care through contract hospitalization for veterans in this service area.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**80%**	16,111	**76%**	21,527	**75%**	22,238
Hospital Care	**54%**	35,877	**86%**	12,198	**88%**	10,852
Tertiary Care	**98%**	1,497	**99%**	1,256	**99%**	1,067

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Cheyenne

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

The Eastern Rockies market is divided into two sub markets: the Southeastern Wyoming sub market and the Eastern Colorado sub market. The Southeastern Wyoming sub market or essentially the Cheyenne VAMC primary service area provides primary and secondary inpatient services in medicine, surgery and psychiatry. Presently, the center has an authorized bed level of 21 operating beds, including 12 general medical beds (4 in ICU), 4 general surgical beds (2 in ICU) and 5 intermediate beds. The Medical Center also supports a 50 bed NHCU located in the main hospital building. CARES demand projections for the period from 2002 until 2022 show an initial rise in inpatient beds to an average daily census of 14 and a gradual decline to 10.7 in FY2022. The intermediate beds and inpatient medical and surgical beds, except for ICU, are combined into one ward area that allows for an efficient use of staff. The general condition of out inpatient areas is good and space is currently adequate.

Three alternatives were considered: 1) Retain acute beds, 2) Close acute beds and refer bed section workload to another VAMC, and 3) Close acute beds and implement contracting/sharing/joint venturing for bed section workload in the community.

The preferred alternative is to retain acute beds. External reviews all indicate high scores for the medical center. Volume and case mix are judged sufficient to continue inpatient care as physicians work at both the VA and in private practice. Volumes at the medical center are projected to increase. Quality performance is high as measured by NSQIP, ORYX, VA performance measures, readmission data and length of stay. Most all physicians are board certified. Mortality rates are within normal limits. The inpatient service is also cost efficient as shown by data indicating lower unit costs than local Medicare or TRICARE rates.

No substantial changes are planned at the medical center. Additional data to support this alternative are found on the portal.

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

There is currently legislative action pending in the US Congress to establish a cemetery in the Cheyenne area. Wyoming Congressional representatives have sponsored this legislation. VAMC Cheyenne is not listed as a co-located NCA National Cemetery or as an expansion site, but the NCA has indicated that a columbarium would be supported for Cheyenne. Wyoming veterans groups and Congressional interests support the legislation for a national cemetery. The location of the cemetery would be on property now part of F.E. Warren Air Force base. VAMC Cheyenne would provide administrative support typically provided by VAMCs to local NCA National Cemeteries.

<u>Top Enhanced Use Market Opportunity</u>

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

<u>Resolution of VISN Identified PIs</u>

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	4,198	921	4,199	922	737	-	-	-	100	-	3,562	$ (3,969,796)
Surgery	562	(49)	563	(48)	83	-	-	-	180	-	660	$ (1,107,760)
Intermediate/NHCU	28,723	-	28,723	-	11,202	-	-	-	-	-	17,521	$ -
Psychiatry	574	155	575	156	575	-	-	-	-	-	-	$ 1,143,529
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**34,058**	**1,028**	**34,060**	**1,030**	**12,597**	**-**	**-**	**-**	**280**	**-**	**21,743**	**$ (3,934,027)**

	Clinic Stops (from demand projections)		Clinic Stops proposed by Market Plans in VISN									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	48,631	5,452	48,632	5,452	3,282	-	-	-	600	-	45,950	$ (2,637,102)
Specialty Care	49,381	22,525	49,381	22,525	7,000	-	-	-	200	-	42,581	$ (9,667,346)
Mental Health	20,027	5,502	20,028	5,503	-	-	-	-	-	-	20,028	$ (1,633,858)
Ancillary & Diagnostics	46,245	9,482	46,246	9,482	4,500	-	-	-	-	-	41,746	$ (6,338,221)
Total	**164,285**	**42,960**	**164,287**	**42,962**	**14,782**	**-**	**-**	**-**	**800**	**-**	**150,305**	**$ (20,276,527)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	8,422	1,209	7,765	552	7,213	-	-	-	-	-	7,213	(552)
Surgery	1,168	(1,651)	1,650	(1,169)	2,819	-	-	-	-	-	2,819	1,169
Intermediate Care/NHCU	15,740	-	15,740	-	15,740	-	-	-	-	-	15,740	-
Psychiatry	522	522	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**25,851**	**79**	**25,155**	**(617)**	**25,772**	**-**	**-**	**-**	**-**	**-**	**25,772**	**617**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	25,999	11,419	24,813	10,233	14,580	-	-	-	10,900	-	25,480	667
Specialty Care	79,034	56,879	70,259	48,104	22,155	-	45,000	-	-	-	67,155	(3,104)
Mental Health	11,188	5,121	11,416	5,349	6,067	-	-	-	5,000	-	11,067	(349)
Ancillary and Diagnostics	42,620	27,748	40,076	25,204	14,872	-	24,000	-	-	-	38,872	(1,204)
Total	**158,841**	**101,167**	**146,564**	**88,890**	**57,674**	**-**	**69,000**	**-**	**15,900**	**-**	**142,574**	**(3,990)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	145,907	79,975	65,932	-	65,932	-	-	-	-	-	65,932	-
Other	10,764	-	10,764	-	10,764	-	-	-	-	-	10,764	-
Total	**156,671**	**79,975**	**76,696**	**-**	**76,696**	**-**	**-**	**-**	**-**	**-**	**76,696**	**-**

4. Facility Level Information – Denver

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

An excellent opportunity now exists for Buckley Air Force Base (BAFB) medical needs to be met by the VA Eastern Colorado Health Care System (ECHCS) at a new facility on the Fitzsimons campus. Both local Air Force and VA leadership see this collaboration as positive, achievable and serving the best interests of both parties. Negotiations are now in progress to have Buckley Air Force base personnel lease primary care space from VA in the new VA building at Fitzsimons. BAFB will conduct their own primary care in this space and contract with VA for specialty outpatient care, inpatient care and support services. A few services not offered by VA will be acquired from the University of Colorado. Air Force clinicians will be part of the staff that treats Air Force personnel. With inpatient care centered at a hub in Denver, all needed inpatient care for military personnel all along the I25 Corridor in central Colorado from Cheyenne, Wyoming and the F. E. Warren AFB on the north to Pueblo, Colorado on the south could be directed there. Discussions within the Eastern Rockies Market CARES Committee also suggest an opportunity to use Department of the Army space at Ft. Carson, Colorado for the Colorado Springs CBOC, now located in leased space. This collaboration would provide the advantage of allowing the clinic to obtain services, perhaps even some inpatient services from the Army hospital on base. Although demand for care is low and facilities exist on the campus of the Air Force Academy, some opportunity exists for referral of inpatient and more complex outpatient care to Ft Carson or the VA/DOD complex at Fitzsimons, which may involve VA services. Discussions are continuing. Specific plans are expected next year on I25 Corridor and Ft Carson/VA issues.

This relationship impacts some of the CARES criteria. Staffing and community impact is affected by an Air Force demand upon VA staff and services. It assists in employee recruitment and retention due to added demand and builds some economies of scale for both VA and Air Force. Of course, Support of Other Missions is directly impacted. This effort increases collaboration and integration. This facilitates DOD emergency response capability and coordination. Fitzsimons could become a primary receiving center for those injured in conflict.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

The Eastern Rockies preferred option for construction of a new facility at the Fitzsimons campus would provide an opportunity to involve enhanced use at the old facility site. Once the new structure is in place and activated, several options will be available to dispose of the existing property. The first would be to transfer the property under an enhanced use lease to other public and private entities for reuse as business occupancy or an assisted living site. The later option entails the older structures of the property being demolished and selling the property with the remaining assets for its estimated net value of approximately $16 million. The enhance use option is preferred. However, serious negotiations to pursue this option must wait for development of specific plans for construction at Fitzsimons.

There are some issues with the CARES criteria on Safety and Environment. In this initiative the main structure left at the old site will contain lead based paint in many portions of the original building. If the older buildings are demolished and the property disposed of, this paint will be handled as waste and disposed of accordingly. If an enhanced use lease is pursued with Rose Medical Center or Colorado State University the lead will need to be abated prior to the transfer.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

DENVER NEEDS TO RE-EVALUATE THE NEED FOR A FREE STANDING FACILITY—Status Quo: The present facility is undersized for existing workload and has the main core of space exceeding 50 years of age. Inpatient services and support systems are not adequate for modern day health care. The facility's environment is rapidly reaching a non-recovery condition. The present site also has constraints on access due to its physical location.

Preferred Alternative and Impact on CARES Criteria: This narrative describes the initiative to build a freestanding facility located on the Fitzsimons Campus. Under this initiative, this facility would contain 140 beds including 31 ICU beds. The main building would be located adjacent to the University's core service area to facilitate the desired level of sharing. DoD elements would use these services through provider agreements. The lower levels of the facility would house all outpatient functions and the associated in-house support functions. The midlevel of the building would be allocated to house the inpatient medicine, surgery and ICU bed space with the upper level housing administrative and clinical office space. It is desirable to locate the 60- bed NHCU along with a 20-bed sub-acute rehab unit adjacent to the State veteran's home. In this initiative it is also desirable to house the inpatient mental health patients near ground level or as part of the University's mental health complex. Research would be built and accommodated in conjunction with University research activities. Once the new structure is in place and activated, the current property would be transferred under an Enhanced Use lease to other public and private entities for reuse as business occupancy or an assisted living site. Leased space for ambulatory care functions would grow from its present level in the Colorado Springs area through sharing with Fort Carson.

Health Care Quality and Need: Under this initiative the quality of patient care would be significantly improved. Every day health care technology makes major advancements. The present initiative would allow the opportunity to build flexible space and locate functions where they can greatly facilitate patient treatment and well being.

Safety and Environment: The proposed initiative would allow for space that is functional as well as designed for modern day health care and create a safe environment for patient treatment. The initiative also allows for this to be done absent of the ongoing patient treatment rather than disrupting it. Room sizes and layouts will be brought up to appropriate standards.

Health Care Quality through Access: The new facility will provide an improved ratio of exam room to physician to significantly reduce wait times for the veteran population. This new facility will also provide for the added need in the Spinal Cord Injury program, which would be more difficult to include at the existing site.

Research and Academic Affiliations: This initiative supports the continued growth in the residency program as well as the advancement in medical research because the ease in access to VA, research and patient care activities will enhance VA's ability to recruit and retain the best health care providers.

Staffing and Community Impact: By building a new freestanding facility employee recruitment and retention will be facilitated This includin the recruitment of highly skilled physicians and nursing staff as a result of the research and educational relationship that is enhanced with adjacent location.

Lead paint issues center at the old Denver VAMC. If the preferred scenario were adopted, a new facility would be built at Fitzsimons. Then the main structure left at the old site will need to be managed. It contains lead based paint in many portions of the original building. Two options are available: a) an enhanced use lease may be secured. If an enhanced use lease is pursued with Rose Medical Center, Colorado State University or othe

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	27,411	9,048	27,412	9,049	5,694	-	-	-	3,650	-	25,368	$ (81,924,122)
Surgery	12,661	778	12,662	779	3,354	-	-	-	3,650	-	12,958	$ (148,806,573)
Intermediate/NHCU	139,555	-	139,555	-	68,382	-	-	-	-	-	71,173	$ (5,198,478)
Psychiatry	16,856	(99)	16,856	(99)	4,446	-	-	-	365	-	12,775	$ 873,512
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ (5,955,553)
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**196,483**	**9,727**	**196,485**	**9,729**	**81,876**	**-**	**-**	**-**	**7,665**	**-**	**122,274**	**$ (241,011,214)**

	Clinic Stops (from demand projections)		Clinic Stops proposed by Market Plans in VISN									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	203,244	70,852	203,245	70,853	36,199	-	-	-	58,000	-	225,046	$ (138,085,384)
Specialty Care	219,219	102,307	219,219	102,308	9,378	-	-	-	16,300	-	226,141	$ (142,699,237)
Mental Health	128,202	26,319	128,202	26,319	23,060	-	-	-	-	-	105,142	$ 50,315
Ancillary & Diagnostics	253,057	99,738	253,058	99,738	-	-	-	-	71,603	-	324,661	$ (150,152,485)
Total	**803,721**	**299,216**	**803,724**	**299,218**	**68,637**	**-**	**-**	**-**	**145,903**	**-**	**880,990**	**$ (430,886,791)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	54,736	28,898	52,765	26,927	25,838	-	52,741	-	-	-	78,579	25,814
Surgery	22,438	8,996	23,195	9,753	13,442	-	23,199	-	-	-	36,641	13,446
Intermediate Care/NHCU	49,295	-	58,271	8,976	49,295	-	32,271	-	-	-	81,566	23,295
Psychiatry	26,214	3,399	20,696	(2,119)	22,815	-	20,165	-	-	-	42,980	22,284
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	33,500	33,500	-	-	33,500	-	-	-	33,500	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**152,684**	**41,294**	**188,427**	**77,037**	**111,390**	**-**	**161,876**	**-**	**-**	**-**	**273,266**	**84,839**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	106,582	60,742	128,276	82,436	45,840	-	115,000	-	-	-	160,840	32,564
Specialty Care	254,513	169,900	291,722	207,109	84,613	-	284,600	-	-	-	369,213	77,491
Mental Health	69,101	29,045	57,828	17,772	40,056	-	54,500	-	-	-	94,556	36,728
Ancillary and Diagnostics	155,403	78,748	224,016	147,361	76,655	-	201,000	-	-	-	277,655	53,639
Total	**585,599**	**338,435**	**701,842**	**454,678**	**247,164**	**-**	**655,100**	**-**	**-**	**-**	**902,264**	**200,422**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(59,287)	80,437	21,150	59,287	-	80,037	10,000	-	-	149,324	68,887
Administrative	327,004	155,173	328,265	156,434	171,831	-	316,522	-	-	-	488,353	160,088
Other	30,423	-	30,423	-	30,423	-	30,423	-	-	-	60,846	30,423
Total	**357,427**	**95,886**	**439,125**	**177,584**	**261,541**	**-**	**426,982**	**10,000**	**-**	**-**	**698,523**	**259,398**

B. Grand Junction Market

1. Description of Market

a. Market Definition

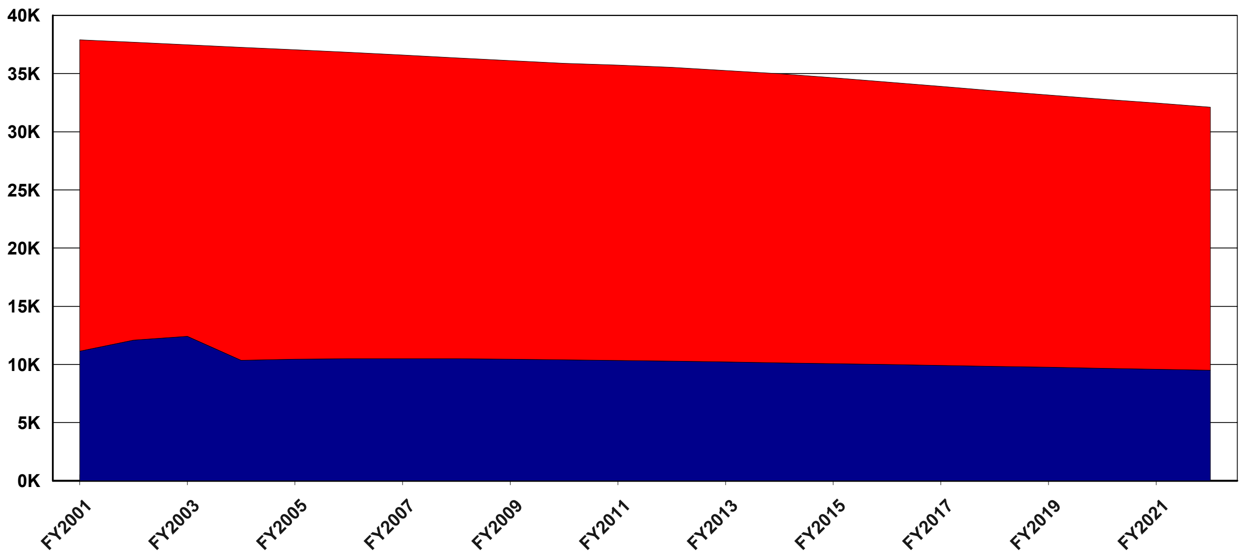
Market	Includes	Rationale	Shared Counties
Grand Junction Market Code 19B	Western Colorado 15 counties; 2 counties, Utah	The Grand Junction market area includes western Colorado counties with the center of the veteran population residing in Grand Junction. There are vast distances between Grand Junction and other urban areas, approximately 250 miles. Distances are accentuated by the Rocky Mountain range dividing Grand Junction and Denver and the Wasatch Range separating Grand Junction and Salt Lake City. There is one major highway running east-west through the market area. A full range of health care services is available in the Grand Junction community. This market area has one VA and one CBOC, which provide primary care, mental health, inpatient care and long term care.	

b. Facility List

VISN : 19				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Grand Junction				
575 Grand Junction	✓	✓	-	-
575GA Montrose	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Grand Junction Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
N	Access to Primary Care	Access				
N	Access to Hospital Care	Access				
N	Access to Tertiary Care	Access				
N	Outpatient Primary Care	Population Based	1,301	4%	-6,012	-18%
		Treating Facility Based	1,358	4%	-6,002	-17%
Y	Outpatient Specialty Care	Population Based	9,584	**40%**	4,381	19%
		Treating Facility Based	11,309	**47%**	6,223	**26%**
N	Outpatient Mental Health	Population Based	0	0%	0	0%
		Treating Facility Based	991	7%	603	4%
N	Inpatient Medicine	Population Based	2	18%	-1	-12%
		Treating Facility Based	2	22%	-1	-7%
N	Inpatient Surgery	Population Based	-1	-21%	-3	**-41%**
		Treating Facility Based	-1	-22%	-2	**-41%**
N	Inpatient Psychiatry	Population Based	-1	-11%	-3	**-34%**
		Treating Facility Based	0	-5%	-2	**-31%**

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Grand Junction Market: Each stakeholder segment (veteran service organizations, unions, Congressional and University affiliates) provided representatives as members of the CARES Committee. Key input included: concerns with projection and enrollment data, concern with some of the VACO planning criteria, concern with contracting out inpatient services and requests for more primary care in rural areas. Outcome of discussions resulted in explanations of enrollment data, which alleviated some concerns, development of a paper by the network suggesting changes in planning criteria, decision to maintain inpatient care at the facility and a decision to not expand primary care at this time.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

Grand Junction Market Plan: communications with other networks indicate no shared markets. Minimal numbers of veterans in bordering counties will be given care at other network sites and vice versa, but no significant numbers are involved requiring discussions or agreements. Strengths—increased service to veterans needing outpatient specialty care. Weakness—facility isolation from some hospital services. Opportunities—opportunity for increase in specialty care locally for veterans. Obstacles—sufficient funding for rural care activity.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

No Impact

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**64%**	4,415	**54%**	4,729	**48%**	4,941
Hospital Care	**70%**	3,706	**60%**	4,091	**55%**	4,313
Tertiary Care	**61%**	4,717	**64%**	3,660	**67%**	3,135

Guidelines:

Primary Care:	Urban & Rural Counties – 30 minutes drive time Highly Rural Counties– 60 minutes drive time
Hospital Care:	Urban Counties – 60 minutes drive time Rural Counties – 90 minutes drive time Highly Rural Counties – 120 minutes drive time
Tertiary Care:	Urban & Rural Counties – 4 hours Highly Rural Counties – within VISN

3. Facility Level Information – Grand Junction

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

The current mission of the Grand Junction VAMC is to provide acute inpatient medical, surgical and psychiatric care to a veteran population of approximately 38,000 veterans in a 17 county area in western Colorado and eastern Utah. The medical center maintains 23 acute beds: 10 in medicine (2 in ICU), 5 in surgery (2 in ICU) and 8 in psychiatry. There is also a 30 bed NHCU within the main building. The general condition of both outpatient and inpatient care areas is good and space is currently adequate.

Three alternatives were considered: 1) Retain acute beds, 2) Close acute beds and refer bed section workload to another VAMC, and 3) Close acute beds and implement contracting/sharing/joint venturing for bed section workload in the community.

The preferred alternative is to retain acute beds. External reviews all indicate high scores for the medical center. Case mix and volume are judged sufficient to continue inpatient care. Specialty coverage is contracted with local community physicians. The medical center maintains a level IV urgent care program. All urgent care physicians are board certified and ACLS certified. Recruitment and retention of physicians and nurses are easily attained. Quality performance is high as measured by NSQIP, ORYZ, VA performance measures, readmission and length of stay data. All medical center physicians are board certified but one. Nurse staff turnover is low. The inpatient service is also efficient as measured by data indicating lower unit costs than Medicare for surgery and medicine.

No substantial changes are planned at the medical center. Additional data to support this alternative are found on the portal.

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	4,142	759	4,142	759	64	-	-	-	-	-	4,078	$ 99,702
Surgery	1,276	(365)	1,276	(365)	54	-	-	-	-	-	1,222	$ (65,465)
Intermediate/NHCU	23,695	-	23,695	-	12,322	-	-	-	-	-	11,373	$ -
Psychiatry	1,975	(105)	1,976	(104)	-	-	-	-	-	-	1,976	$ (434,418)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**31,088**	**289**	**31,089**	**290**	**12,440**	**-**	**-**	**-**	**-**	**-**	**18,649**	**$ (400,181)**

	Clinic Stops (from demand projections)		Clinic Stops proposed by Market Plans in VISN									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	36,222	1,358	36,223	1,359	-	-	-	-	-	-	36,223	$ (2,476,812)
Specialty Care	35,191	11,309	35,191	11,309	4,205	-	-	-	-	-	30,986	$ (10,633,270)
Mental Health	15,583	991	15,583	991	-	-	-	-	-	-	15,583	$ (1,561,348)
Ancillary & Diagnostics	43,434	(820)	43,434	(820)	4,404	-	-	-	-	-	39,030	$ (3,357,246)
Total	**130,429**	**12,837**	**130,431**	**12,839**	**8,609**	**-**	**-**	**-**	**-**	**-**	**121,822**	**$ (18,028,676)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	8,443	1,263	8,482	1,302	7,180	400	-	-	-	-	7,580	(902)
Surgery	2,033	(1,347)	2,029	(1,351)	3,380	-	-	-	-	-	3,380	1,351
Intermediate Care/NHCU	13,920	-	13,920	-	13,920	-	-	-	-	-	13,920	-
Psychiatry	4,110	(235)	4,110	(235)	4,345	-	3,100	-	-	-	7,445	3,335
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**28,507**	**(318)**	**28,541**	**(284)**	**28,825**	**400**	**3,100**	**-**	**-**	**-**	**32,325**	**3,784**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	17,141	3,091	18,836	4,786	14,050	-	4,000	-	1,500	-	19,550	714
Specialty Care	33,678	15,807	34,085	16,214	17,871	-	30,000	-	-	-	47,871	13,786
Mental Health	8,228	1,853	8,571	2,196	6,375	-	8,300	-	-	-	14,675	6,104
Ancillary and Diagnostics	24,462	5,487	24,979	6,004	18,975	-	22,000	-	-	-	40,975	15,996
Total	**83,508**	**26,237**	**86,471**	**29,200**	**57,271**	**-**	**64,300**	**-**	**1,500**	**-**	**123,071**	**36,600**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	82,891	19,212	63,679	-	63,679	-	-	-	-	-	63,679	-
Other	20,970	-	10,132	(10,838)	20,970	-	-	-	-	-	20,970	10,838
Total	**103,861**	**19,212**	**73,811**	**(10,838)**	**84,649**	**-**	**-**	**-**	**-**	**-**	**84,649**	**10,838**

C. Montana Market

1. Description of Market

a. Market Definition

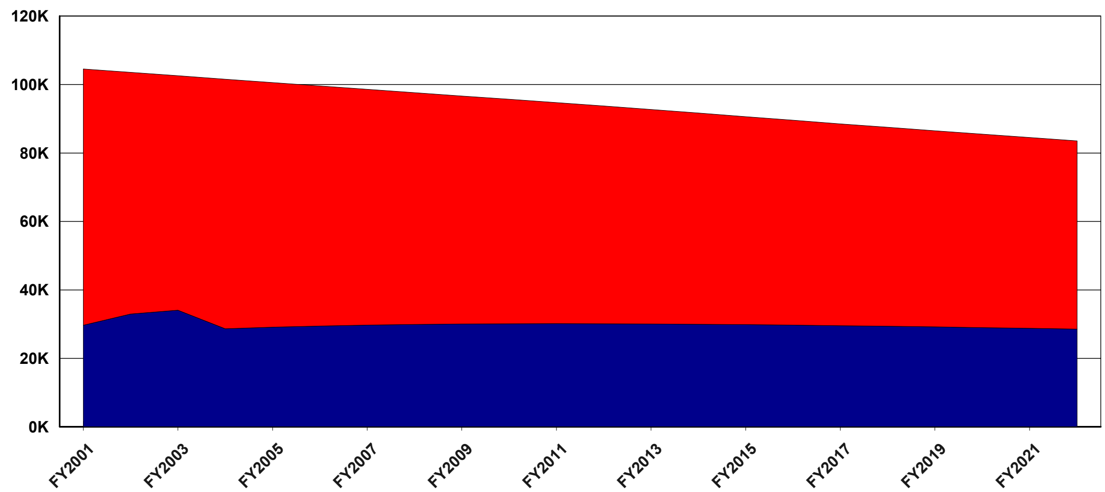
Market	Includes	Rationale	Shared Counties
Montana Market Code: 19C	All counties in Montana plus 1 in North Dakota	The Montana market area has a complement of a VA medical center and nine CBOCs. VA health care services include primary care, mental health, inpatient and long term care. The presence of veteran population centers located in Helena/Great Falls in the west and the Billings area in the east provide health care services that cover the large rural service area. The market in 2010 is projected to have very few urban areas with a large number of rural counties. Three interstate road systems bisect the state of Montana which provide adequate access to some areas.	Shared with V23. V19 has the lead on Powder River, Carter and Fallon, Mt

b. Facility List

VISN : 19				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Fort Harrison				
436 Montana HCS	✓	✓	-	-
436GA Anaconda	✓	-	-	-
436GB Great Falls	✓	-	-	-
436GC Missoula	✓	-	-	-
436GD Bozeman	✓	-	-	-
436GF Kalispell	✓	-	-	-
436GH Billings	✓	-	-	-
436GI Glasgow	✓	-	-	-
436GJ Miles City	✓	-	-	-
436GK Northeast MT (Sidney)	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Montana Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
Y	Access to Primary Care	Access				
Y	Access to Hospital Care	Access				
Y	Access to Tertiary Care	Access				
N	Outpatient Primary Care	Population Based	-12,515	-13%	-25,096	**-26%**
		Treating Facility Based	-15,217	-15%	**-28,188**	**-29%**
Y	Outpatient Specialty Care	Population Based	**53,636**	**128%**	**42,698**	**102%**
		Treating Facility Based	**56,082**	**148%**	**45,238**	**119%**
Y	Outpatient Mental Health	Population Based	**19,246**	**80%**	14,069	**59%**
		Treating Facility Based	**19,138**	**105%**	14,669	**81%**
N	Inpatient Medicine	Population Based	4	11%	-4	-11%
		Treating Facility Based	8	**28%**	1	3%
N	Inpatient Surgery	Population Based	-2	-13%	-5	**-30%**
		Treating Facility Based	0	4%	-2	-17%
N	Inpatient Psychiatry	Population Based	9	**52%**	5	**33%**
		Treating Facility Based	6	**117%**	4	**81%**

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Montana Market: Representatives from each stakeholder segment (veteran service organizations, unions, Congressional and University affiliates) were involved in formulating and reviewing market plans. Key input included: an expectation for greater access to veterans programs, concerns over building closures at Ft Harrison and support for greater access to mental health services. The Montana plan increases primary care access within Montana with placement of two new CBOCs, is developing a plan for a replacement building for housing spouses of patients and has increased services to mental health patients through local contracts.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

Montana Market Plan: communications with other networks indicate no shared markets. Minimal numbers of veterans in bordering counties will be given care at other network sites and vice versa, but no significant numbers are involved requiring discussions or agreements. Strengths—expanded primary care activity in rural areas, expands telemedicine opportunities, reduces under utilized space at the Miles City site, increases care to veterans for specialty needs, eliminates seismic high risk issues. Weaknesses—does not appreciably increase tertiary/hospital care services for veterans living remotely. Opportunities—can expand telemedicine into complete rural network. Obstacles—concern with funding for rural care, still working with enormous distances.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

This market would increase access in Billings, Montana by providing appropriate tertiary care through contract hospitalization for veterans in this service area. This solution also improved access in the Wyoming market.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**62%**	12,317	**64%**	10,845	**66%**	9,714
Hospital Care	**20%**	26,240	**34%**	19,763	**34%**	18,800
Tertiary Care	**2%**	31,979	**52%**	14,581	**51%**	13,886

Guidelines:

<u>Primary Care</u>: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

<u>Hospital Care:</u> Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

<u>Tertiary Care:</u> Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Fort Harrison

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

The Montana Market encompasses the entire state of Montana, but inpatient beds are centered at the Ft Harrison inpatient facility in Helena. Presently, the center has a bed level of 50 total beds: 35 total medicine (3 ICU), 10 surgical (3 ICU) and 5 in psychiatry. A 30 bed NHCU is also present in the main building. Although the medical center maintains more than 40 total beds, surgery and psychiatry bed sections are small. The medical center is projected to maintain over 40 beds through the period 2022.

Two alternatives were considered: 1) Retain acute beds and 2) Close acute beds and implement contracting/sharing/joint venturing in the community.

The preferred alternative is to retain acute beds. External reviews all indicate high scores for the medical center. Volume and case mix are judged sufficient to continue inpatient care. Quality performance is high as measured by NSQIP, ORYX, VA performance measures, readmission and length of stay data. Most all physicians are board certified. Mortality rates are low. The inpatient service is also cost efficient as shown by data indicating lower unit costs than Medicare.

No substantial changes are planned at the medical center. Additional data to support this alternative are found on the portal.

<u>DOD Collaborative Opportunities</u>

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

The closest DOD facility is Malmstrom AFB in Great Falls, MT, 90 miles from the Medical Center. Malmstrom has only a small urgent care clinic staffed with a nurse practitioner. Malmstrom utilizes local or the Minot AFB for primary and hospital care.

Over the years VA Montana has reviewed potential sharing options with Malmstrom but has not had additional capacity to treat active duty service men and women. Similarly, Malmstrom AFB has not identified potential services to share with VA. VA Montana continues to explore options on an annual basis.

Under this current agreement, the impact on CARES criteria is minimal.

<u>VBA Collaborative Opportunities</u>

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

<u>NCA Collaborative Opportunities</u>

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

<u>Top Enhanced Use Market Opportunity</u>

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

VA MONTANA NEEDS TO ADDRESS SEISMIC ISSUES IN THE OUTPATIENT AND INPATIENT BUILDINGS—Status Quo: Several years ago the Fort Harrison facility was upgraded to a High Seismic Risk rating as a result of a new rating scale developed by FEMA and USGS. As a result of the change some buildings at the Fort Harrison campus are no longer in compliance with the new standards. Seismic standards for these buildings will have to be addressed in a planning initiative.

Preferred Alternative and Actual Changes Planned: Building 154A -1 story ambulatory clinic. Initial projections estimated minor seismic strengthening corrections to be approx $600,000 including A\E costs. VACO and the VISN approved this project and awarded A/E dollars in FY 02 with construction dollars to follow in FY 03. However, after the A/E was hired to begin design, it was determined the structural corrections required were minimal and reduced the project to $175,000. Fort Harrison has completed the A/E phase and has awarded the construction contract to begin work in the Spring of 2003 and be completed by the end of the August 2003. No other alternatives required.

Building 154 - 4-story Hospital Building.
Initial projections estimated major seismic strengthening corrections to be approximately $18 Million including A\E costs. This project is ranked 17th with other national seismic projects pending and could potentially be awarded A/E dollars in FY 03-04 with construction dollars to follow in FY 04-05. Degenkolb Engineering has completed a second review and determined the seismic corrections estimate to be closer to $24M. A Capitol Investment Planning submission was submitted to VACO 02/28/02 and was accepted.

Impact on Criteria - Safety and environment are greatly affected. These projects remove the threat of high-risk seismic occurrences to veteran patients and staff in key clinical buildings. Subsequent phases of these projects will eliminate other buildings. One additional high-risk building will be abandoned and replaced with modular units.

Alternatives Considered—none.

A recent LEAD BASED PAINT survey conducted at Fort Harrison and Miles City indicates significant quantities of lead based paint present in all the quarters at both sites. Employee quarters provide Montana HCS with an invaluable recruitment and retention tool for medical staff trained in specific specialties not easily attracted to the State of Montana.

The VHA Directive 2002-010, "Lead-Based Paint Assessment and Abatement In Childcare Centers and Staff Quarters Owned by VHA", was issued in Feb 2002. This directive calls for a lead assessment for all quarters and the development of an abatement plan. VA MHCS has conducted a lead based paint assessment at Fort Harrison and Miles City that indicates quarters at both locations have some lead based paint sites.

Fort Harrison buildings, built around 1890-1905, have an historical significance to the Helena community. In a majority of the quarters the interior paint is in good condition, while exteriors are in need of some repainting.

Miles City buildings have a no historical requirement. The majority of the quarters the interior paint is in good condition while the exteriors are need of some repainting.

The removal and replacement of "hazardous" lead based paint and components (such as windows and porches) is the preferred alternative and meets the requirements of the directive, but at less cost than complete removal, which is the only other alternative addressed. The facility will be required to conduct annual re-inspections of the residences using an EPA-certified inspector.

The medical center is pursuing hazardous lead paint removal in the coming year.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	11,055	2,443	11,055	2,443	215	-	-	-	-	-	10,840	$ (413,887)
Surgery	3,543	134	3,544	135	20	-	-	-	-	-	3,524	$ 269,238
Intermediate/NHCU	52,496	-	52,496	-	43,047	-	-	-	-	-	9,449	$ -
Psychiatry	3,225	1,739	3,226	1,740	2,200	-	-	-	-	-	1,026	$ 17,176,411
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**70,319**	**4,316**	**70,321**	**4,318**	**45,482**	**-**	**-**	**-**	**-**	**-**	**24,839**	**$ 17,031,762**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	83,546	(15,217)	83,547	(15,216)	4,415	-	-	-	-	-	79,132	$ (5,978,953)
Specialty Care	93,953	56,082	93,953	56,082	42,000	-	-	-	-	-	51,953	$ 3,975,443
Mental Health	37,322	19,138	37,322	19,138	30,123	-	-	-	-	-	7,199	$ 38,609
Ancillary & Diagnostics	125,430	42,764	125,430	42,764	43,000	-	-	-	-	-	82,430	$ (6,096,288)
Total	**340,250**	**102,767**	**340,252**	**102,769**	**119,538**	**-**	**-**	**-**	**-**	**-**	**220,714**	**$ (8,061,189)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	23,377	11,607	23,631	11,861	11,770	8,000	-	-	-	-	19,770	(3,861)
Surgery	5,824	(252)	5,850	(226)	6,076	-	-	-	-	-	6,076	226
Intermediate Care/NHCU	11,654	-	11,654	-	11,654	-	-	-	-	-	11,654	-
Psychiatry	5,849	4,332	1,898	381	1,517	-	-	-	-	-	1,517	(381)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**46,704**	**15,687**	**43,033**	**12,016**	**31,017**	**8,000**	**-**	**-**	**-**	**-**	**39,017**	**(4,016)**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	40,103	15,025	39,566	14,488	25,078	-	-	-	20,316	-	45,394	5,828
Specialty Care	124,018	102,826	85,722	64,530	21,192	15,000	10,000	-	19,440	-	65,632	(20,090)
Mental Health	14,813	12,357	5,831	3,375	2,456	-	-	-	2,587	-	5,043	(788)
Ancillary and Diagnostics	76,763	55,592	59,350	38,179	21,171	-	24,000	-	-	-	45,171	(14,179)
Total	**255,697**	**185,800**	**190,469**	**120,572**	**69,897**	**15,000**	**34,000**	**-**	**42,343**	**-**	**161,240**	**(29,229)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	517,105	344,497	172,608	-	172,608	-	-	-	-	-	172,608	-
Other	80,180	-	80,180	-	80,180	-	-	-	-	-	80,180	-
Total	**597,285**	**344,497**	**252,788**	**-**	**252,788**	**-**	**-**	**-**	**-**	**-**	**252,788**	**-**

D. Western Rockies Market

1. Description of Market

a. Market Definition

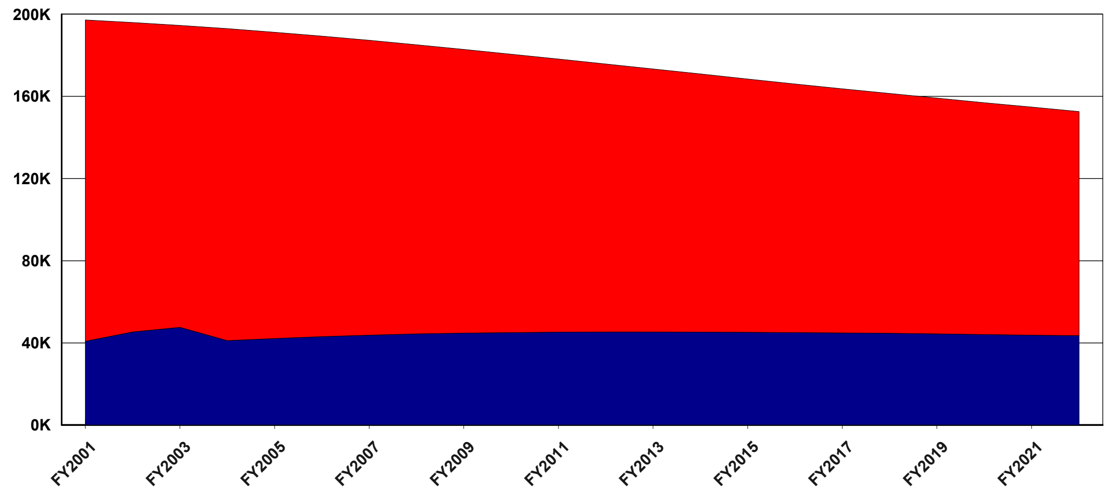
Market	Includes	Rationale	Shared Counties
Western Rockies Market Code 19D	Majority of Utah; 13 counties, Idaho; 2 counties, Nevada; 4 counties, WY	The Grand Junction market defines the eastern border of the Western Rockies market area. The Western Rockies market encompasses most of the state of Utah. A major VA tertiary medical center resides in Salt Lake City. The market area includes one medical center offering primary care, mental health and inpatient (med/surg) services and 8 primary care CBOCs. The market in 2010 is projected to have a majority of its population located in Salt Lake City with a large number of rural and highly rural counties. Southern areas of Utah will remain extremely remote. Major road systems around Salt Lake City as well as a north-south road system provide good access, but driving distances for southern Utah are vast.	

b. Facility List

VISN : 19				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Salt Lake City				
660 Salt Lake City HCS	✓	✓	✓	-
660GA Pocatello	✓	-	-	-
660GB Ogden	✓	-	-	-
660GC Ely	✓	-	-	-
660GD Roosevelt	✓	-	-	-
660GE Orem	✓	-	-	-
660GF Green River	✓	-	-	-
660GG St. George	✓	-	-	-
660GI01 Nephi	✓	-	-	-
660GI02 Nephi (Fountain Green)	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Western Rockies Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
N	Access to Primary Care	Access				
N	Access to Hospital Care	Access				
N	Access to Tertiary Care	Access				
N	Outpatient Primary Care	Population Based	-6,925	-7%	-19,584	-19%
		Treating Facility Based	-31	0%	-14,354	-13%
Y	Outpatient Specialty Care	Population Based	54,722	64%	41,701	49%
		Treating Facility Based	62,867	72%	49,068	56%
N	Outpatient Mental Health	Population Based	0	0%	0	0%
		Treating Facility Based	999	2%	450	1%
N	Inpatient Medicine	Population Based	4	10%	-4	-10%
		Treating Facility Based	5	10%	-4	-9%
N	Inpatient Surgery	Population Based	-10	-38%	-13	-48%
		Treating Facility Based	-11	-34%	-15	-45%
N	Inpatient Psychiatry	Population Based	-2	-7%	-6	-22%
		Treating Facility Based	-2	-7%	-5	-25%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Western Rockies Market: Representatives from each stakeholder segment (veteran service organizations, unions, Congressional and University affiliates) were all involved in formulating and reviewing market plans. Key input included: modifications in the planning initiatives with regard to distances traveled, reduction of congestion at the medical center, improved primary care access and consolidation of services at the medical center. Decisions made by the CARES Committee resulted in the following: movement of services within the hospital to facilitate access, two new CBOCs were recommended for Wyoming and Nevada counties, improvements to access with new construction and expansion of specialty care programs.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

Western Rockies Plan: communications with other networks indicate no shared markets. Minimal numbers of veterans in bordering counties will be given care at other network sites and vice versa, but no significant numbers are involved requiring discussions or agreements. Strengths—expands primary care to additional rural areas, strengthens specialty care for market veterans, expands primary care with the urban area. Weaknesses—none. Obstacles—funding for both construction and operations to increase specialty care and maintain primary care access in multiple areas.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

No Impact

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**74%**	11,809	**75%**	11,335	**75%**	10,880
Hospital Care	**65%**	15,784	**66%**	15,597	**66%**	14,970
Tertiary Care	**92%**	3,537	**93%**	3,083	**93%**	2,872

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. **Facility Level Information – Salt Lake City**

   a. **Resolution of VISN Level Planning Initiatives**

<u>Resolution Narrative of Proximity PI</u>

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

<u>Resolution Narrative of Small Facility PI</u>

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Discussions with Hill AFB near Ogden, Utah have been ongoing for many years. No opportunities for expanded services to the small base are apparent. Efforts will continue with periodic discussions in future.

Very little impact on CARES criteria is apparent in the Hill AFB relationship.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

<u>**Top Enhanced Use Market Opportunity**</u>

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

The Western Rockies Market (Salt Lake City HCS) is in the midst of an enhanced use project. Phase I has been completed and Phase II is about to begin. Phase I relocated the VBA from downtown leased space to the medical center campus. Private sector lessors are being sought to fill remain space in the Phase I building. Overall, the project is expected to save $8.7M. The second phase of enhanced use development (EU II) is currently proposed as a 125,000 square foot facility located on the VA Salt Lake City Health Care System, adjacent on the south side to the first enhanced use facility. EU II is proposed as a joint research facility between the VA and the University of Utah. The purpose of EU II for the VA would be to consolidate research in one location on campus. Because of the high number of researchers with joint appointments between the VA and the University, a combined location would provide opportunities for greater collaboration in research.

At present, EU II is in the discussion stage with the developer (Boyer Company) and the University of Utah. A construction schedule has not been set.

Impact on CARES criteria centers on research. It allows consolidation of research between VA and the University of Utah promoting efficiencies in space, accelerated opportunities for sharing and other co-location advantages.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	16,030	1,498	16,030	1,498	170	-	-	-	-	-	15,860	$ (38,419)
Surgery	6,566	(3,404)	6,567	(3,403)	132	-	-	-	-	-	6,435	$ (579,606)
Intermediate/NHCU	79,336	-	79,336	-	76,956	-	-	-	-	-	2,380	$ -
Psychiatry	6,378	(486)	6,379	(485)	668	-	-	-	-	-	5,711	$ (407,973)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**108,311**	**(2,391)**	**108,312**	**(2,390)**	**77,926**	**-**	**-**	**-**	**-**	**-**	**30,386**	**$ (1,025,998)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	109,775	(30)	109,775	(30)	3,218	-	-	-	-	-	106,557	$ (10,463,222)
Specialty Care	150,538	62,868	150,539	62,869	15,000	-	-	-	-	-	135,539	$ 13,929,722
Mental Health	62,952	999	62,953	999	4,374	-	-	-	-	-	58,579	$ (194,151)
Ancillary & Diagnostics	175,430	44,194	175,430	44,194	55,000	-	-	-	-	-	120,430	$ 1,173,247
Total	**498,695**	**108,030**	**498,697**	**108,032**	**77,592**	**-**	**-**	**-**	**-**	**-**	**421,105**	**$ 4,445,596**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	33,485	115	33,465	95	33,370	-	-	-	-	-	33,370	(95)
Surgery	10,683	(19,795)	10,682	(19,796)	30,478	-	-	-	-	-	30,478	19,796
Intermediate Care/NHCU	4,260	4,260	4,260	4,260	-	-	-	-	-	-	-	(4,260)
Psychiatry	13,853	(3,089)	13,935	(3,007)	16,942	-	-	-	-	-	16,942	3,007
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	(16,994)	-	(16,994)	16,994	-	-	-	-	-	16,994	16,994
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**62,281**	**(35,503)**	**62,342**	**(35,442)**	**97,784**	**-**	**-**	**-**	**-**	**-**	**97,784**	**35,442**
	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	64,636	(3,569)	68,196	(9)	68,205	-	-	-	43,000	-	111,205	43,009
Specialty Care	200,819	119,075	196,532	114,788	81,744	43,000	25,000	-	-	-	149,744	(46,788)
Mental Health	31,854	7,174	32,218	7,538	24,680	-	-	-	-	-	24,680	(7,538)
Ancillary and Diagnostics	129,678	58,615	101,161	30,098	71,063	5,500	-	-	-	-	76,563	(24,598)
Total	**426,987**	**181,295**	**398,107**	**152,415**	**245,692**	**48,500**	**25,000**	**-**	**43,000**	**-**	**362,192**	**(35,915)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(109,977)	99,528	(10,449)	109,977	-	-	-	-	-	109,977	10,449
Administrative	269,660	65,589	191,683	(12,388)	204,071	-	-	-	-	-	204,071	12,388
Other	47,498	-	47,498	-	47,498	-	-	-	-	-	47,498	-
Total	**317,158**	**(44,388)**	**338,709**	**(22,837)**	**361,546**	**-**	**-**	**-**	**-**	**-**	**361,546**	**22,837**

E. Wyoming Market

1. Description of Market

a. Market Definition

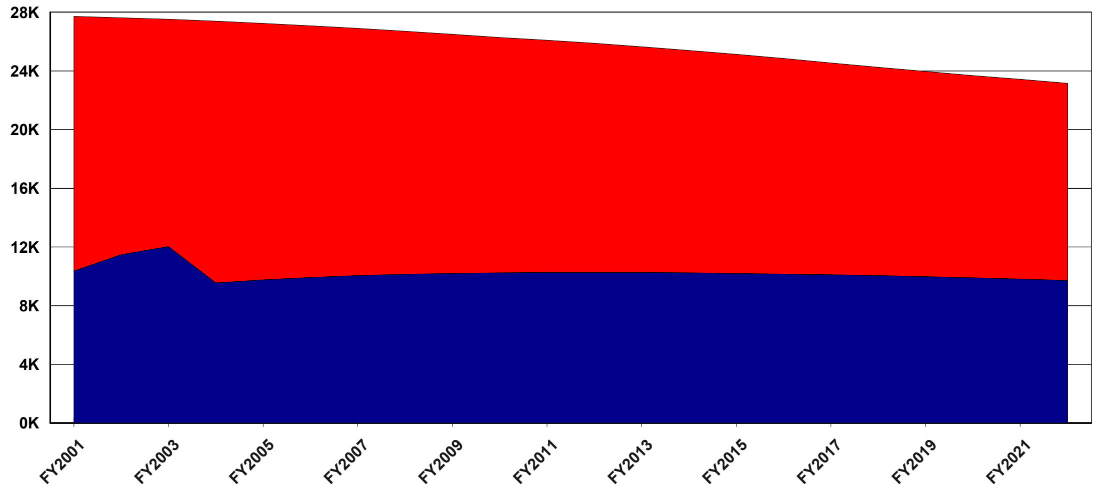
Market	Includes	Rationale	Shared Counties
Sheridan Market Code: 19E	11 Counties in northern Wyoming	Sheridan market area provides the greatest challenge in defining a clear market service area. This service area does not have available VA tertiary services. Secondary services, primary care, mental health and specialty outpatient care are available through VA staffed services or through contracts, but often require long travel distances. VAMCs Salt Lake City and Denver serve the southwestern and southeastern areas of Wyoming. Northern Wyoming has one VA medical center and 4 CBOCs. CBOCs are dispersed appropriately across the market area. There are two interstates that run through the northeast part of the service area.	Shared county with V23. <u>V19 has the lead</u> *Campbell County, WY*

b. Facility List

VISN : 19				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Sheridan				
666 Sheridan	✓	✓	-	-
666GB Casper	✓	-	-	-
666GC Riverton	✓	-	-	-
666GD Powell	✓	-	-	-
666GE Gillette (Campbell Co.)	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** -----**Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Wyoming Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
N	Access to Primary Care	Access				
N	Access to Hospital Care	Access				
N	Access to Tertiary Care	Access				
N	Outpatient Primary Care	Population Based	-9,508	-24%	-14,671	-37%
		Treating Facility Based	-12,332	-31%	-17,046	-43%
Y	Outpatient Specialty Care	Population Based	9,452	50%	5,979	32%
		Treating Facility Based	12,120	83%	8,838	60%
N	Outpatient Mental Health	Population Based	0	0%	0	0%
		Treating Facility Based	412	4%	143	1%
N	Inpatient Medicine	Population Based	3	31%	0	2%
		Treating Facility Based	0	1%	-2	-20%
N	Inpatient Surgery	Population Based	-1	-17%	-2	-36%
		Treating Facility Based	-1	-33%	-1	-50%
N	Inpatient Psychiatry	Population Based	-4	-35%	-6	-45%
		Treating Facility Based	-3	-6%	-7	-14%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Wyoming Market: Representatives from all the major veteran service organizations, unions, state programs and community programs were part of the CARES planning process. Key input included: improved access to care in extreme western Wyoming, also improved access to eastern counties in Wyoming also, and better access to hospital and tertiary care within the state. The CARES committee formulated plans for primary care access to three western Wyoming counties (Afton, Wyoming area). This plan was adopted, but because these counties were part of the Western Rockies market, the network opted to require that market to provide the CBOC in those counties. Concerns persist regarding care to the Afton, Wyoming area. The network decided to use the Salt Lake City HCS to manage that clinic. The network recognizes the receipt of letters from veteran's service organizations from the eastern Wyoming area requesting that the Sheridan VAMC manage the clinic. However, the network disagrees with Sheridan's oversight principally because the Afton area resides within the Western Rockies Market (Salt Lake City HCS) area currently and approximately 75% of the patients served in the Afton area are treated by the Salt Lake City HCS. The Sheridan VAMC is much further from Afton than Salt Lake City necessitating much longer travel for any needed inpatient care. Continuity of care is also maintained as the Salt Lake City HCS now cares for all veterans from Afton that need tertiary inpatient care.

In other primary care decisions, the Committee deferred action on eastern Wyoming and agreed to recommend expansion of contracting for hospital/tertiary services from existing programs within Wyoming.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

Wyoming Market Plan: communications with other networks indicate no shared markets. Minimal numbers of veterans in bordering counties will be given care at other network sites and vice versa, but no significant numbers are involved requiring discussions or agreements. Strengths—expands local hospital/tertiary care in the market, increases access to specialty care in the market. Weaknesses—high cost to support purchase of care for hospital/tertiary services. Opportunities—under plan can become a self-sufficient market. Obstacles—cost, sufficient funding for rural care to support contracting and small amount of construction.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

The Wyoming market was impacted by the increase in access for Tertiary care in Billings, Montana (Montana Market). This solution improved access in the Wyoming market.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**68%**	3,614	**65%**	3,593	**65%**	3,405
Hospital Care	**34%**	7,381	**82%**	1,889	**79%**	2,063
Tertiary Care	**1%**	10,988	**58%**	4,353	**58%**	4,086

Guidelines:

Primary Care:	Urban & Rural Counties – 30 minutes drive time Highly Rural Counties– 60 minutes drive time
Hospital Care:	Urban Counties – 60 minutes drive time Rural Counties – 90 minutes drive time Highly Rural Counties – 120 minutes drive time
Tertiary Care:	Urban & Rural Counties – 4 hours Highly Rural Counties – within VISN

3. Facility Level Information – Sheridan

a. Resolution of VISN Level Planning Initiatives

<u>Resolution Narrative of Proximity PI</u>

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

<u>Resolution Narrative of Small Facility PI</u>

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

Sheridan VA Medical Center is made-up of historic structures built near the turn of the last century. As such, the use of lead-based paint has been extensive. However, our newest building, the Building 71 Clinical Addition, contains no lead paint. Similarly, all patient occupied buildings have been remodeled within the last decade with no lead paint use.

Exterior lead paint is in the process of being abated on historic buildings. This is being completed in conjunction with normal exterior maintenance and will be ongoing. This work is done as a series of lead abatement projects and poses no threat to staff, patients, or visitors.

The focus of our lead abatement program will be in our housekeeping quarters. These buildings have not been abated and contain lead-based paint. We are currently developing a lead management program for the quarters buildings and expect that we can effectively manage lead campus-wide with little risk.

Alternatives to our preferred method of remediation described above include doing nothing and conducting a campus wide lead paint removal project. The former would place us in violation of regulatory requirements. Conducting a large scale abatement project would be very expensive and would not result in risk reduction commensurate with the cost of the project. Our process of managing lead-based paint in place and abating when necessary is the most cost effective alternative.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	3,428	45	3,429	46	730	-	-	-	-	-	2,699	$ (8,724,987)
Surgery	344	(171)	344	(171)	344	-	-	-	-	-	-	$ (5,142,610)
Intermediate/NHCU	20,128	-	20,128	-	-	-	-	-	-	-	20,128	$ -
Psychiatry	13,874	(854)	13,875	(853)	500	-	-	-	-	-	13,375	$ (1,391,904)
PRRTP	6,818	-	6,818	-	-	-	-	-	-	-	6,818	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**44,592**	**(980)**	**44,594**	**(978)**	**1,574**	**-**	**-**	**-**	**-**	**-**	**43,020**	**$ (15,259,501)**

	Clinic Stops (from demand projections)		Clinic Stops proposed by Market Plans in VISN									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	27,098	(12,333)	27,098	(12,333)	3,167	-	-	-	-	-	23,931	$ (1,546,607)
Specialty Care	26,741	12,121	26,741	12,121	18,243	-	-	-	-	-	8,498	$ 10,853,181
Mental Health	10,913	411	10,913	412	1,807	-	-	-	-	-	9,106	$ (142,018)
Ancillary & Diagnostics	32,602	(508)	32,602	(508)	11,932	-	-	-	-	-	20,670	$ (548,332)
Total	**97,353**	**(309)**	**97,354**	**(308)**	**35,149**	**-**	**-**	**-**	**-**	**-**	**62,205**	**$ 8,616,224**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)											
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**								**Space Needed/ ved to ant**
Medicine	10,485	2,399	8,421	335	8,086	-	-	-	-	-	8,086	(335)
Surgery	457	457	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	15,282	-	15,282	-	15,282	-	-	-	-	-	15,282	-
Psychiatry	23,449	5,776	22,604	4,931	17,673	-	-	-	-	-	17,673	(4,931)
PRRTP	3,369	-	3,369	-	3,369	-	-	-	-	-	3,369	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**53,041**	**8,631**	**49,676**	**5,266**	**44,410**	**-**	**-**	**-**	**-**	**-**	**44,410**	**(5,266)**

	Space (GSF) (from demand projections)											
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**E**							**Space Needed/ ved to ant**
Primary Care	11,923	(3,498)	11,966	(3,455)	15,421	-	-	-	5,000	-	20,421	8,455
Specialty Care	19,318	16,773	10,962	8,417	2,545	6,000	-	-	-	-	8,545	(2,417)
Mental Health	7,427	(832)	7,558	(701)	8,259	-	-	-	-	-	8,259	701
Ancillary and Diagnostics	18,779	1,333	19,843	2,397	17,446	-	-	-	-	-	17,446	(2,397)
Total	**57,447**	**13,776**	**50,329**	**6,658**	**43,671**	**6,000**	**-**	**-**	**5,000**	**-**	**54,671**	**4,342**

NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**E**							**Space Needed/ ved to ant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	191,144	39,202	150,284	(1,658)	151,942	-	-	-	-	-	151,942	1,658
Other	164,322	-	149,175	(15,147)	164,322	-	-	-	-	-	164,322	15,147
Total	**355,466**	**39,202**	**299,459**	**(16,805)**	**316,264**	**-**	**-**	**-**	**-**	**-**	**316,264**	**16,805**